



“COURAGE AWARD” Honoring a Woman Veteran

Soroptimist International of Eureka



The Courage Award is a cash award for a woman veteran who are pursuing her education to make a better life for herself and/or families after serving her country.

Deadline: Applications are due each year by December 15.

Award recipients will be notified by January 30th if they are selected. Your application will be reviewed by a panel of judges, but all information will remain confidential and will not be shared without your prior permission.

Step 1: Determine if you are eligible.

You are eligible if you are a woman who:

- Served in the military with an Honorable Discharge or General Discharge.
- Has financial need.
- Is enrolled in or has been accepted to a vocational/skills training program or an undergraduate degree program.
- Is motivated to achieve your educational and career goals.
- Resident of Humboldt County.
- At least 21 years old.
- Is active in her community.
- Has not previously been the recipient of a Live Your Dream or Women's Re-entry Award.
- Does not have a graduate degree.
- Is not a Soroptimist member.
- Has a Social Security number or Tax ID number. (This is required for tax purposes and is only necessary if you are a resident of the United States. You will not be asked to share this information unless you have been given an award.)

Step 2: Tell us about yourself

Fill out the award application telling us about yourself. Your information will be kept confidential and shared only with the evaluators unless you give us written permission to use your story to publicize the program

Step 3: Ask people to tell us about you

You will need two different people—who are not related to you—to fill out the **reference forms** you received with this application. It is recommended that you request references from people who know you from an education or work setting. Please email this form to your references and request they email the forms back to you when completed. Only two references will be accepted. Please use the form and do not submit reference letters.

Step 4: Submit your application

Submit your application and two reference forms by mail or email to the address/email listed below by **December 15**. Incomplete applications or applications received without reference forms will not be considered.

Submit Application to: Soroptimist International of Eureka: PO Box 648, Eureka, CA 95502

Contact: Deborah Reeves

Cell: (707) 834-1314

djreeves9@hotmail.com

COURAGE AWARD APPLICATION

PART I. Basic Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____

Highest Level of Education Achieved: _____ Date Graduated: _____

Number of Dependents You Support (including yourself): _____

How are they related to you (children, parents, spouse, etc..) _____

Ages (if they are children): _____

PART II. What are your education and career goals?

a. What's the name of the school or training program you are attending or have been accepted to?

b. What are you studying? (example: Bachelor of Science, nursing program or certificate)

c. When will you complete your studies (month and year)?

d. Are you working while you are getting your educations? (check one) Yes ☐ No ☐

a. If yes, how many hours per week? _____

e. In 300 words or less, please tell us about your career goals, and give specifics about how your education, training and volunteerism support these goals.

PART III. Financial Information

Award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can.

A. INCOME: Please list your ANNUAL household income and savings (from the money you have left after taxes) in the chart below.

Employment: \$_____ per year	Government Assistance: \$_____ per year
Savings: \$_____ per year	Social Security: \$_____ per year
Child Support: \$_____ per year	Loans: \$_____ per year
Alimony: \$_____ per year	Scholarships: \$_____ per year

Please list any additional income, including income other household members receive.

Source: _____ \$_____ per year

Source: _____ \$_____ per year

Source: _____ \$_____ per year

TOTAL ANNUAL INCOME: _____

B. EXPENSES: Please list your ANNUAL household expenses in the chart below.

Housing: \$_____ per year	Utilities: \$_____ per year
Food: \$_____ per year	Medical: \$_____ per year
Childcare: \$_____ per year	Transportation: \$_____ per year
Tuition: \$_____ per year	Books: \$_____ per year

Please list any additional expenses.

Expense: _____ \$_____ per year

Expense: _____ \$_____ per year

Expense: _____ \$_____ per year

TOTAL ANNUAL EXPENSES: _____

PART IV: Tell us about yourself. In 300 words or less, please answer each question.

a. What challenges have you faced and overcome in your life?

b. How has your military service influenced your life?

c. How will this award help you to achieve your dreams?

REFERENCE FORM

Applicant Name: _____

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, friend, etc.)?
2. Please tell us what you believe to be the applicant's particular strengths in her personal, educational, or professional life. If you can, give examples of particular accomplishments.
3. What is your knowledge of the applicant's educational goals and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.
4. Is there any additional information we should know about this applicant in regard to this award program?

COMPLETED BY (IMPORTANT: Please email completed reference form to the applicant for submission with her application.)

Name: _____ Date: _____

Organization: _____ Title: _____

Address: _____ Telephone Number: _____

Email: _____